## Effective October 1, 2003 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE [ OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED BASIC FEE NUMBER EXTRA 385.00 BASIC FEE 770.00 OR TOTAL CHARGEABLE CLAIMS minus 20= 36 XS 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II **OTHER THAN** SMALL ENTITY **SMALL ENTITY** (Column 1) OR (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL AMENDMENT AFTER **PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OB. Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL QA. ADDIT. FEE ADDIT, FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST ADDI-ADDIm REMAINING NUMBER PRESENT TIONAL **AFTER** RATE RATE TIONAL **PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ပ ADDI-REMAINING ADDI-NUMBER PRESENT ENT TIONAL **AFTER** RATE **PREVIOUSLY** TIONAL EXTRA RATE **AMENDMENT** PAID FOR FEE FEE AMENDM Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL TOTAL \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT, APPLICATION FEE DETERMINATION RECORD

Application or Docket Number





Docket No.: C0852-703122

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Robert B. Chaffee

Serial No:

10/802,994

Confirmation No.:

4384

Filed:

March 16, 2004

For:

**VALVE FOR INFLATABLE OBJECTS** 

Examiner:

Rivell, John A.

Art Unit:

3753

## CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 18<sup>th</sup> day of April, 2005.

Stephanie Godino

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

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Transmitted herewith are the following documents:

- [X] Amendment
- [X] Terminal Disclaimer to Obviate a Double Patenting Rejection Over a Prior Patent
- [X] Petition for Three-Month Extension of Time
  - [X] Information Disclosure Statement, including 1449 and cited foreign references
  - [X] Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 395-7000.

Serial No.: 10/802,994 Docket No.: C0852-703122

Page 2 of 2

**Fee Calculation Sheet** 

| CLAIMS                                | FOR  | NUMBER<br>PREVIOUSLY<br>PAID FOR      | NUMBER EXTRA   | RATE  |            | FEE  |          |
|---------------------------------------|--|---------------------------------------|--|-------|------------|------|----------|
|                                       | TOTAL CLAIMS<br>REMAINING AFTER<br>AMENDMENT<br>(37 CFR 1.16(c)) | 33-24-=                               | 9 x  | \$    | 50.00      | = \$ | 450.00   |
|                                       | INDEPENDENT<br>CLAIMS (37 CFR 1.16(b))                           | 3-3=                                  | 0 x  | \$    | 86.00      | = \$ | 0.00     |
|                                       | Fee for Petition for Extension of Time (if any)                  |                                       |  |       |            | \$   | 1,020.00 |
|                                       | Terminal Disclaimer Fee  |                                       |  |       |            | \$   |          |
|                                       |  |                                       | Total of above 0                                     | Calcu | ılations = | \$   | 1,470.00 |
|                                       | Reduction by 50%   | for filing by small                   | filing by small entity (Note 37 CFR 1.9, 1.27, 1.28) |       |            | \$   | 735.00   |
|                                       | IDS  |                                       |  |       |            | \$   | 180.00   |
| i i i i i i i i i i i i i i i i i i i |  | · · · · · · · · · · · · · · · · · · · |  |       | TOTAL =    | \$   | 915.00   |

A check in the amount of \$915.00 is enclosed to cover the extension fee, additional claims and IDS fee. If the fee required differs from the amount enclosed, the Commissioner is hereby authorized to charge any underpayment to or refund any overpayment to Deposit Account No. 50/2762.

Respectfully submitted,

Robert B. Chaffee, Applicant

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Date: April 18, 2005